

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 Northern District of Illinois

Case number (if known): _____ Chapter you are filing under:
☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

FEB 19 2016

JEFFREY P. ALLSTEADT, CLERK
 PS REP. - CA

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Albert

First name
Michael

Middle name
Rossini

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

FILED

UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS

First name

Middle name

FEB 19 2016

Last name

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2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1611

OR

9 xx - xx -

xxx - xx -

OR

9 xx - xx -

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

Number Street

5211 Old Orchard Road

Skokie IL 60077

City State ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box 517

P.O. Box

Winnetka IL 60093

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Albert Michael Rossini

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☒ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☐ No
- ☒ Yes. District Northern Illinois When 01/14/2016 Case number 16 B 01067
MM / DD / YYYY
- District Northern Illinois When 08/19/2014 Case number 14 B 30457
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No

☐ Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Albert Michael Rossini

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 

Signature of Debtor 1

x _____

Signature of Debtor 2

Executed on 02/18/2016
MM / DD / YYYY

Executed on _____
MM / DD / YYYY

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Albert Michael Rossini

Debtor 1

First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?


- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x 
Signature of Debtor 1

Date 02/18/2016
MM / DD / YYYY

Contact phone 847-471-2250

Cell phone 847-471-2250

Email address bertrossini4@aol.com

x

Signature of Debtor 2

Date MM / DD / YYYY

Contact phone

Cell phone

Email address

Fill in this information to identify your case and this filing:

Debtor 1 ALBERT MICHAEL ROSSINI
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN District of ILLINOIS

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 4321 S. MARSHFIELD
 Street address, if available, or other description

CHICAGO IL 60609
 City State ZIP Code

COOK
 County

What is the property? Check all that apply

- ☐ Single-family home
- ☒ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$18,000

Current value of the portion you own? \$ 0

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

FEE SIMPLE - Comprehensive PROPERTIES

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. 4037 W. ADAMS
 Street address, if available, or other description

4033 W. ADAMS - LOT

CHICAGO IL 60624
 City State ZIP Code

COOK
 County

What is the property? Check all that apply

- ☐ Single-family home
- ☒ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$50,000

Current value of the portion you own? \$ 0

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

FEE SIMPLE -

☐ Check if this is community property (see instructions)

1.3. 4045 W. Wilcox
Street address, if available, or other descriptionCHICAGO IL 60624
City State ZIP CodeCOOK
County5410 W. FULTON
CHICAGO, IL 60624
COOK

What is the property? Check all that apply.

- ☐ Single-family home
☒ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 50,000
 Current value of the portion you own? \$ 0

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

FREE SIMPLE - HOVA
PROPERTIES☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____

\$ 0**Part 2: Describe Your Vehicles**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: DODGE
 Model: CALIBER
 Year: 2008
 Approximate mileage: 60,000
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☒ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 4,000
 Current value of the portion you own? \$ 2,000

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
 Current value of the portion you own? _____

3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe.....

BOOKCASE, KITCHENWARE, CHAIRS, CABINETS

\$ 1,500

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....TELEVISION, RADIO, STEREO, LAPTOP, PRINTER
SCANNER, CELLPHONE

\$ 1,500

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.....

BOOKS, PICTURES

\$ 500

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe.....

PULLUP + PUSHUP BARS, WEIGHTS

\$ 150

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

SUITS, SLACKS, SHIRTS, UNDERWEAR, SHOES, EXERCISEWEAR

\$ 1,000

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.....

\$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 4,650

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured claims
or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: 30 \$ 30

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☒ No☐ Yes

Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No☒ Yes

Institution or issuer name:

SCOTTRADE	\$ 9.94
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific
information about
them

Name of entity:

% of ownership:

DEVON STREET REALTY LTD	100 %	\$ 0
DEVON STREET INVESTMENTS LTD	100 %	\$ UNCERTAIN
LASALLE EQUITY INVESTORS, LTD	100 %	\$ 0
OTHERS ARE DISSOLVED WITH NO VALUE		

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

\$ _____

Pension plan:

\$ _____

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

\$ _____

\$ _____

\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....

_____	\$ _____
-------	----------

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

_____	Federal:	\$ _____
	State:	\$ _____
	Local:	\$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

_____	Alimony:	\$ _____
	Maintenance:	\$ _____
	Support:	\$ _____
	Divorce settlement:	\$ _____
	Property settlement:	\$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

_____	\$ _____
-------	----------

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No☒ Yes. Describe each claim.2013 CH 9502
THOMAS W. MURPHY, PEDERSEN HOUT, BERGER
NEWARK

\$ UNCERTAIN

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☐ No☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list☐ No☐ Yes. Give specific information.....

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 39.94

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.....

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe \$ _____

41. Inventory

☒ No
☐ Yes. Describe \$ _____

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Describe Name of entity: % of ownership: \$ _____
\$ _____
\$ _____

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe \$ _____

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

\$ _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the
portion you own?
Do not deduct secured claims
or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes \$ _____

48. Crops—either growing or harvested

- ☒ No
☐ Yes. Give specific information.....

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.....

\$ _____

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.....

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☐ Yes. Give specific information.....

\$ _____
 \$ _____
 \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$ 0

56. Part 2: Total vehicles, line 5

\$ 2,000.00

57. Part 3: Total personal and household items, line 15

\$ 4650.00

58. Part 4: Total financial assets, line 36

\$ 39.94

59. Part 5: Total business-related property, line 45

\$ 0

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0

61. Part 7: Total other property not listed, line 54

+ \$ 0

62. Total personal property. Add lines 56 through 61.

\$ _____

Copy personal property total → + \$ 6689.94

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 6689.94

Fill in this information to identify your case:

Debtor 1 ALBERT MICHAEL ROSSINI
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN District of ILLINOIS

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>2008 DODGE CALIBER</u>	\$ <u>2,000</u>	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : <u>3</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>4321 S. MARSHFIELD</u>	<u>0</u>	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : <u>1.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>4 unit Building</u>	\$ _____	<input type="checkbox"/> \$ _____	
Line from <i>Schedule A/B</i> : _____		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>CLOTHES</u> Line from Schedule A/B: <u>11</u>	\$ <u>1,000</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>EXERCISE EQUIPMENT</u> Line from Schedule A/B: <u>9</u>	\$ <u>150</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>COLLECTIBLES</u> Line from Schedule A/B: <u>8</u>	\$ <u>500</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>ELECTRONICS</u> Line from Schedule A/B: <u>7</u>	\$ <u>1,500</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>HOUSEHOLD GOODS</u> Line from Schedule A/B: _____	\$ <u>1,500</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>CLAIMS RE 3RD PARTIES</u> Line from Schedule A/B: <u>33</u>	\$ <u>UNDETERMINED</u>	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 ALBERT MICHAEL ROSSINI
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN District of ILLINOIS

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1 LIAM BEN DAVID
Creditor's Name
010 Cheryl Fyock, ATTORNEY
Number Street
55 W. MONROE, #1100
CHICAGO IL 60603
City State ZIP Code

Describe the property that secures the claim: 4033-4037 WEST ADAMS CHICAGO, IL 60624

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☒ Unliquidated
☐ Disputed

\$ 275,000 \$ 50,000

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred AUG 2012

Last 4 digits of account number

2.2 LIAM BEN DAVID
Creditor's Name
010 Cheryl Fyock, ATTORNEY
Number Street
55 WEST MONROE #1100
CHICAGO, IL 60603
City State ZIP Code

Describe the property that secures the claim: 4045 WEST WILCOX CHICAGO, IL 60624

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☒ Unliquidated
☐ Disputed

\$ 275,000 \$ 50,000

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred AUG 2012

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 275,000

Debtor 1

ALBERT MICHAEL ROSS
 First Name Middle Name Last Name

Page 22 of 66

Case Number (if known)

Additional Page**Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

☐ LIAM BEN DAVID
 Creditor's Name
of Cheryl Lyock, ATTORNEY
 Number Street
55 W. MONROE # 1100
CHICAGO, IL 60603
 City State ZIP Code

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____
5410 WEST FULTON
CHICAGO, IL 60644

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred AUG. 2012 **Last 4 digits of account number** _____

☐ _____
 Creditor's Name
 Number Street
 City State ZIP Code

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ **Last 4 digits of account number** _____

☐ _____
 Creditor's Name
 Number Street
 City State ZIP Code

Describe the property that secures the claim: \$ _____ \$ _____ \$ _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ **Last 4 digits of account number** _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____

If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here: \$ _____

Fill in this information to identify your case:

Document Page 23 of 66

Debtor 1	<u>ALBERT</u>	<u>MICHAEL</u>	<u>ROSSINI</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN</u> District of <u>ILLINOIS</u>		
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 INTERNAL REVENUE SERVICE
 Priority Creditor's Name
P.O. BOX 7346
 Number Street
CENTRALIZED ISOLANCEX DTR
PHILADELPHIA, PA 19101
 City State ZIP Code

Last 4 digits of account number 1 6 1 1

\$ 500,000 \$ 510,000 \$

When was the debt incurred? 1994-2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

2.2 ILLINOIS DEPT REVENUE
 Priority Creditor's Name
 Number Street
SPRINGFIELD, IL
 City State ZIP Code

Last 4 digits of account number 1 6 1 1

\$ 50,000 \$ 50,000 \$

When was the debt incurred? 1994-2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

☐ FEDERAL PAYMENT LEVY
 Priority Creditor's Name
Program STOP 686
 Number Street
P.O. BOX 57
BENSALEM PA 19020
 City State ZIP Code

Last 4 digits of account number 1611\$ 500,000 \$ 500,000 \$

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

☐ US ATTORNEY NORTHERN DIST
 Priority Creditor's Name
219 S. DEARBORN
 Number Street
CHICAGO, IL 60604
 City State ZIP Code

Last 4 digits of account number 1611\$ 250,000 \$ 250,000 \$When was the debt incurred? 1995

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ _____
 Priority Creditor's Name

 Number Street

 City State ZIP Code

Last 4 digits of account number _____

\$ _____ \$ _____ \$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

AT&T WIRELESS

Nonpriority Creditor's Name

P.O. BOX 769

Number

Street

ARLINGTON

TEXAS

76004

City

State

ZIP Code

Last 4 digits of account number 2016

Total claim

\$ 1871⁰⁰

When was the debt incurred?

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CELLULAR PHONE SERVICE

4.2

ATT

Nonpriority Creditor's Name

P.O. BOX 769

Number

Street

ARLINGTON

TEXAS

76004

City

State

ZIP Code

Last 4 digits of account number 0524

\$ 532.41

When was the debt incurred? JAN 2015

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify TELEPHONE/INTERNET

4.3

SENIOR LIFESTYLE

Nonpriority Creditor's Name

33 N. DEARBORN, #1910

Number

Street

CHICAGO, IL

60602

City

State

ZIP Code

Last 4 digits of account number 3403

\$ 16,000

When was the debt incurred? APRIL 2015

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MOTHER IN LAW @ ASSISTED
LIVING CENTER

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐ 4.4

ALLY

Nonpriority Creditor's Name

P.O. BOX 380901

Number Street

Bloomington MN 55438

City State ZIP Code

Last 4 digits of account number 7784 \$ 8000

When was the debt incurred? JUNE 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify AUTO LOAN

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
- ☒ Yes

☐ 4.5

BARR MANAGEMENT LTD.

Nonpriority Creditor's Name

707 LAKECOOK RD, #314

Number Street

DEERFIELD, ILLINOIS 60015

City State ZIP Code

Last 4 digits of account number 2247 \$ 15,000

When was the debt incurred? MARCH 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify CHECK CASHED FOR CONSULTANT

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

☐ 4.6

COMCAST

Nonpriority Creditor's Name

2508 W. ROUTE 120

Number Street

MCHENRY IL 60050

City State ZIP Code

Last 4 digits of account number 5044 \$ 500

When was the debt incurred? JAN 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify CABLE TV

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

*Confirmation of
Schedule E/F*

In re Albert M. Rossini, _____

CREDITORS HAVING UNSECURED CLAIMS

Nicor Gas P.O. Box 2020 Aurora, IL 60507 Account # 20-02-91-9625-8	\$ 26,15.34
AT&T c/o Bankruptcy Division P.O. Box 769 Arlington, Texas 76004 773-685-4456-185-2	\$ 128.53
AT&T c/o Bankruptcy Division P.O. Box 769 Arlington, Texas 76004 847-446-0524-301	\$ 532.41
AT&T c/o Bankruptcy Division/Wireless P.O. Box 769 Arlington, Texas 76004 Account # 289782016 Account # 232046524396	\$ 1,871.00 \$ 632.84
Pinnacle Management Services 830 Roundabout Suite B West Dundee, IL 60118 Account # 33948608	\$ 18.78
IC Systems 444 Highway 96 East, P.O. Box 64378 St. Paul, MN 55164 Account: Chicago Oral & Maxillofacial Surgery Center # 122233	\$ 17,712.00
Senior Lifestyle c/o Koontz Shif & Nesbit 33 North Dearborn, Suite 1910 Chicago, IL 60602 Account # Autumn Green at Wright Campus, 00010496, 90123403	\$ 16,000.00

In Re Albert M. Rossini,	
Name, Address	
Ally P.O. Box 380901 Bloomington, MN 55438 Account # 154918547784	\$ 8,000.00
Barr Management, Ltd. c/o Mages & Price LLC 707 Lake Cook Road, Suite 314 Deerfield, IL 60015 Account #M032315-200-2247	\$ 15,000.00
Imperial Motors Jaguar 150 Skokie Highway Lake Bluff, Illinois 60044 Account # 79646	\$ 9,521.50
Comcast 1701 John F. Kennedy Boulevard Philadelphia, PA 19103 Account # 8771-10-062-0135044 2508 W Route 120 McHenry, IL 60050 Account # 8771-10-062-0135044	\$ 500.00
Northwestern Medical Group 26609 Network Place Chicago, IL 60673 Account # 001510624E	\$ 496.26
American Modern Select Insurance Co. P.O. Box 5323 Cincinnati, Ohio 45201 Account # Sani Insurance 0047517769	\$ 3,000.00
Northwestern Lake Forest Hospital 660 North Westmoreland Road Lake Forest, IL 60045 Account # 100568914	\$ 6,558.00

Julie Mai Kinkel c/o Donald B. Leventhal, Ltd. 20 North Clark Street, Suite 1725 Chicago, IL 60602	\$ 62,800.00
Omnicare of Northern Illinois 8351 West Rockville Rd Indianapolis, IN 46234 Account # 395616	\$ 1,835.77
North Shore Gas P.O. Box 19083 Green Bay, WI 54307 Account # 0-5000-4615-8573	\$ 500.00
Arnold Scott Harris, P.C. 111 West Jackson Boulevard, Suite 600 Chicago, IL 60604 Account # 9185301358	\$ 300.00
Presence Health Presence Resurrection Medical Center Patient Financial Services 621 17 th Street, Suite 1800 Denver, CO 80293 Account # 009714002468	\$ 718.79
American Chartered Bank 732 West Randolph Street Chicago, IL 60607	\$ 35,000.00
Doris Kling % Lawrence Seiwert, Attorney at Law 33 North LaSalle Street, Suite 2200 Chicago, IL 60602-2616	\$ 70,000.00
Kiet Dang & Huong Ngo % J. Anthony Clark, Attorney at Law 25 East Washington, Suite 1332 Chicago, IL 60602-1878	\$150,000.00
Beneta Badalian % Mark Schramm, Attorney at Law	\$ 70,000.00

One East Wacker Drive, Suite 2850 Chicago, IL 60601	
Kathy Khodi % Tejal S. Desai, Attorney at Law Latimer, Levay & Fyock, LLC 55 West Monroe Street, Suite 1100 Chicago, IL 60603-5128	\$1,300,000.00
Henry Hormozian % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 145,200.00
Benvar Lazar % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ \$260,100.00
Assyrian Evangelical Church % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 270,000.00
Raymond Babaoghli % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 278,000.00
Fereidoon Khoshabe % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 729,000.00
Melinda Khoshabe % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 50,000.00
Melita Khoshabe % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 50,000.00
Vladimir Moghaddasi	\$ 954,800.00

% Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	
Katayoun Kazemi % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$ 110,000.00
Nina Jozers % Daspin & Aument Robert Grabeman, Attorney at Law 227 West Monroe Street, Suite 3500 Chicago, IL 60606	\$253,000.00
Nastors Moshi 2069 North 53 rd Avenue Glendale, Arizona 85308	\$620,000.00
Albert Khamis 1712 South Lemon Mesa, Arizona 85206	\$ 97,000.00
Liam Ben David % Cheryl Fyock, Attorney at Law Latimer, Levay, & Fyock, LLC 55 West Monroe Street, Suite 1100 Chicago, IL 60603-5128	\$275,000.00
Robert Badalian % Mark Schramm, Attorney at Law One East Wacker Drive, Suite 2850 Chicago, IL 60601	\$900,000.00
Awikwam Pithyou 6122 North Springfield Ave Chicago, IL 60659	\$435,000.00
Janet Khoshaba 8201 North Keating Ave Skokie, IL 60076-2536	\$125,000.00

In Re Albert M. Rossini,	
Ilias Bolos % Gus Bahramis, CPA 1645 South River Road, Suite 17 Des Plaines, IL 60018	\$ 51,000.00
Gus Bahramis, CPA 1645 South River Road, Suite 17 Des Plaines, IL 60018	\$ 37,500.00
Havana Moshi % Fidel Moshi 6911 West Howard Ave Niles, IL 60714	\$ 75,000.00
Valentina Moshi % Fidel Moshi 6911 West Howard Ave Niles, IL 60714	\$ 70,000.00
Fidel Moshi & Moshi Moshi 6911 West Howard Ave Niles, IL 60714	\$100,000.00
John & Juliet Khoshaba 9630 Lowell Ave Skokie, IL 60016-1153	\$125,000.00
St. Odisho Church of the East 6201 North Pulaski Chicago, IL 60646	\$300,000.00
Goran Bosnjak ABg HVAC Inc. 715 West Washington Ave Lake Bluff, IL 60044	\$ 8,000.00
PLS Financial Services, Inc. One South Wacker Chicago, IL 60606	\$ 2,500.00
Devon Prosel Realty Group 3924 West Devon Street, Suite 202 Lincolnwood, IL 60712	\$ 40,000.00

In Re Albert M. Rossini,	
Britt Carter & Company 1350 South Skokie, Blvd- HWY Lake Forest, IL 60045	\$ 20,000.00
North Shore Gas P.O. Box 2589 Columbus, Ohio 43216 Account # 0500046158573 % CBCS #23431312	\$ 500.00
Freedom International Outreach Ministries, Inc. 3145 West Flournoy Street Chicago, IL 60612	\$ 18,000.00
Devon McCormick Currency Exchange 3310 West Devon Ave Lincolnwood, IL 60712	\$ 2,000.00
Alysia Recovery Systems Stellar Recovery, Inc. 1327 Highway, 2 West 100 Kalespell, MT 59901	\$ 5,000.00
City of Chicago 400 West Superior Street Chicago, IL 60601 Account # 1505268396	\$ 1,750.00
City of Chicago, Department of Police Ordinance Violation 3510 South Michigan Ave Chicago, IL 60653	\$ 1,750.00
Harris & Harris 111 West Jackson Boulevard, Suite 400 Chicago, IL 60604 Account # 26194515	\$ 11,000.00
Capital One P.O. Box 6492 Carol Stream, IL 60197 Account # 5889	\$ 401.19

In Re Albert M. Rossini,	
City of Chicago Department of Law Attn: Gwendolyn Harris 121 North LaSalle Street, Suite 400 Chicago, IL 60602	\$ 5,300.00
Village of Riverdale Hearing Division 157 West 144 th Street Riverdale, IL 60827	\$ 15,000.00
State Farm Fire & Casualty 2702 Ireland Grove Road Bloomington, IL 61709 (Premium Department)	\$ 7,500.00
City of Chicago Department of Water P.O. Box 6330 Chicago, IL 60680 Account # Hoya Properties	\$ 17,500.00
Sage Capital Recovery 1040 Kings Highway North Cherry Hill, NJ 08034	\$ 1,000.00
Joseph Mann & Creed 8948 Canyon Falls Blvd #200 Twinsburg, Ohio 44087	\$ 1,000.00
Diversified Consultants, Inc. 10550 Deerwood Park Blvd, Suite 309 Jacksonville, FL 32256 Account # 232046524396 Agency File # 35797812	\$ 632.84
Louis Mark DeAngelis % Ira Piltz 8170 McCormick Boulevard, Suite 116 Skokie, IL 60076	\$ 40,000.00
Ira Piltz Attorney at Law 8170 McCormick Boulevard, Suite 116 Skokie, IL 60076	\$ 12,000.00

In Re Albert M. Rossini,	
Aubrey Powell 19500 Oakwood Avenue Lynwood, IL 60411	\$ 30,000.00
Teresa Garvin 150 Rainbow Road Barrington, IL 60010	\$130,000.00
Alfonzo Valfovinos 3243 South Harlem Ave Berwyn, IL 60402	\$ 15,000.00
CoStar Realty Information Inc. % Receivables Control Corp. 7373 Kirkwood Court, Suite 200 Minneapolis, MN 55369	\$ 19,019.86
First American Bank % Crowley & Lamb 350 North LaSalle Street, Suite 900 Chicago, IL 60654	\$ 20,000.00
Xerox Capital Services, LLC 1301 Ridgeview Drive, Suite 300 Lewisville, TX 75057	\$ 25,000.00
184 Property LLC % Chenoweth Law 645 North Kingsbury 2408 Chicago, IL 60654	\$150,000.00
Public Storage 25518 6460 North Lincoln Ave Lincolnwood, IL 60712-4038	\$ 628.20
Felicia Finkleman 3039 Hartzell Wilmette, IL 60091	\$ 2,250.00
Richard Espe 3039 Hartzell Wilmette, IL 60091	\$ 40,000.00

Withnell Motor Company P.O. Box 3080 Salem, Oregon 97302	\$ 1,676.20
Harris, N.A. % Jay K. Levy & Associates 155 Revere Drive, Suite 2 Northbrook, IL 60062	\$ 6,950.93
FireClean 1300 Touhy Ave Elk Grove, IL 60007	\$ 10,721.00
Kim's Pest Control 4113 West Lawrence Ave Chicago, IL 60630	\$ 7,500.00
Carson's-Comenity P.O. Box 659813 San Antonio, TX 78265-9113	\$ 275.34
Sarju Nair Vogue Cleaners 2701 West Touhy Chicago, IL 60645	\$150,000.00
Mohammed I. Haque 4403 West Greenleaf Lincolnwood, IL 60712	\$ 85,000.00

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ 0

6b. Taxes and certain other debts you owe the government

6b. \$ 800,000

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0

6e. Total. Add lines 6a through 6d.

6e. \$ 800,000

Total claim

Total claims
from Part 2

6f. Student loans

6f. \$ 0

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 50,000

6j. Total. Add lines 6f through 6i.

6j. \$ 850,000

Fill in this information to identify your case:

Debtor ALBERT MICHAEL ROSSINI
 First Name Middle Name Last Name

Debtor 2
 (Spouse if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1 <u>PUBLIC STORAGE 25518</u> Name <u>6460 NORTH LINCOLN AVE</u> Number Street <u>LINCOLNWOOD, IL 60712-4038</u> City State ZIP Code	<u>STORAGE OF FURNITURE</u> <u>BOOKS, CLOTHES, PERSONAL</u> <u>BELONGINGS</u>
2.2 <u>DEVON PROSEL REALTY GROUP</u> Name <u>3924 WEST DEVON ST. #202</u> Number Street <u>LINCOLNWOOD, IL 60712</u> City State ZIP Code	<u>LEASE OF OFFICE SPACE</u> <u>WHERE I STORE FILES</u> <u>FOR MY COURT CASES</u>
2.3 <u>AT&T CELLULAR SERVICE</u> Name <u>P.O. BOX 769</u> Number Street <u>ARLINGTON, TEXAS 76004</u> City State ZIP Code	<u>ACCOUNT # 289782016</u> <u>CELLULAR SERVICE CONTRACT</u>
2.4 _____ Name _____ Number Street _____ City State ZIP Code	
2.5 _____ Name _____ Number Street _____ City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 Albert Michael Rossini
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
- ☒ Not employed

Occupation

unemployed

Employer's name

Employer's address

Number Street

City State ZIP Code

How long employed there?

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

retired

Number Street

City State ZIP Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be

2. \$

3. Estimate and list monthly overtime pay.

3. + \$

4. Calculate gross income. Add line 2 + line 3.

4. \$

Debtor 1

Albert Michael Rossini

First Name

Middle Name

Last Name

Case number (if known)

For Debtor 1

For Debtor 2 or
non-filing spouse

Copy line 4 here

→ 4.

\$

\$

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$

\$

5b. Mandatory contributions for retirement plans

5b. \$

\$

5c. Voluntary contributions for retirement plans

5c. \$

\$

5d. Required repayments of retirement fund loans

5d. \$

\$

5e. Insurance

5e. \$

\$

5f. Domestic support obligations

5f. \$

\$

5g. Union dues

5g. \$

\$

5h. Other deductions. Specify: _____

5h. + \$

+ \$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$

\$

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$

\$

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$

\$

8b. Interest and dividends

8b. \$

\$

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$

\$

8d. Unemployment compensation

8d. \$

\$

8e. Social Security

8e. \$ 1,664

\$ 1,118

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

\$

\$

Specify: _____

8f. \$

8g. Pension or retirement income

8g. \$

\$

8h. Other monthly income. Specify: _____

8h. + \$

+ \$

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$

\$

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 1,664

+ \$ 1,118

\$ 2,782

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

\$ 2,772

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?



No.



Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 Albert Michael Rossini
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
 (if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Wife

68

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

\$ 1,421

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 0

6b. Water, sewer, garbage collection

6b. \$ 0

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 150

6d. Other. Specify: _____

6d. \$

7 Food and housekeeping supplies

7 \$ 125.10

8. Childcare and children's education costs

8. \$ 0

9. Clothing, laundry, and dry cleaning

9. \$ 25

10. Personal care products and services

10. \$ 25

11. Medical and dental expenses

11. \$ 50

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 100

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 0

14. Charitable contributions and religious donations

14. \$ 0

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 145

15d. Other insurance. Specify: _____

15d. \$ 0

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ 666.90

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 0

17c. Other. Specify: _____

17c. \$ 0

17d. Other. Specify: _____

17d. \$ 0

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form B 6I).

18. \$ 0

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ 0

20. Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1 Albert Michael Rossini
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____ 0

22. Your monthly expenses. Add lines 4 through 21.
The result is your monthly expenses.

22. \$ _____ 2,782

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ _____ 2,782

23b. Copy your monthly expenses from line 22 above.

23b. -\$ _____ 2,782

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$ _____ 0

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Albert Michael Rossini
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>928 Elm Street</u> Number Street	From <u>10/2006</u> To <u>1/2015</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Winnetka</u> <u>IL</u> <u>60093</u> City State ZIP Code		Number Street City State ZIP Code	From _____ To _____
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Albert Michael Rossini Case number (if known) _____
First Name Middle Name Last Name

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2014)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 0 \$ 50,000 \$ 100,000	\$ _____ \$ _____ \$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	social security \$ 1,664	\$ _____ \$ _____ \$ _____
For last calendar year: (January 1 to December 31, 2015)	Devon Street social security \$ 50,000 \$ 19,968	\$ _____ \$ _____ \$ _____
For the calendar year before that: (January 1 to December 31, 2014)	Devon Street social security \$ 100,000 \$ 6,656	\$ _____ \$ _____ \$ _____

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>US v. ROSSINI et al</u> <u>FEDERAL INDICTMENT</u>	<u>FEDERAL DISTRICT COURT</u> <u>NORTHERN DISTRICT IL</u> Court Name <u>219 S. DEARBORN</u> Number Street <u>CHICAGO, IL 60604</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>15CR515</u>		
Case title <u>People State of</u> <u>ILLINOIS v. ROSSINI</u>	<u>COOK COUNTY CRIMINAL</u> Court Name <u>2600 S. CALIFORNIA</u> Number Street <u>CHICAGO, IL</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

Describe the property	Date	Value of the property
<u>ALLY FINANCIAL</u> Creditor's Name <u>P.O. BOX 380901</u> Number Street <u>Bloomington, MN 55438</u> City State ZIP Code	<u>2012 JEEP LIBERTY</u>	<u>JUNE 2015 \$ 22,000</u>
Explain what happened <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<u>Imperial Motors</u> Creditor's Name <u>150 S KOKIE Highway</u> Number Street <u>LAKE BLUFF IL 60044</u> City State ZIP Code	<u>2005 JAGUAR</u>	<u>FEB 2015 \$ 20,000</u>
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$
City State ZIP Code			

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$
			\$
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid		\$
Number Street		\$
City State ZIP Code		
Email or website address		
Person Who Made the Payment, if Not You		

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

SEIDEN LAW OFFICE

Person Who Received Transfer

333 S. WABASH

Number Street

Suite 2700

Chicago IL 60604

City State ZIP Code

Person's relationship to you ATTORNEY

IN CRIMINAL CASE

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Lis Pendens, Notes Property

legal fees for Criminal case

Aug 2014

Debtor 1 Albert Michael Rossini Case number (if known) _____
 First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	_____
_____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Number Street	XXXX- _____	<input type="checkbox"/> Checking	_____	\$ _____
City State ZIP Code		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other _____		
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking	_____	\$ _____
Number Street		<input type="checkbox"/> Savings		
City State ZIP Code		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other _____		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Number Street	Name _____	_____	<input type="checkbox"/> No
City State ZIP Code	Number Street _____		<input type="checkbox"/> Yes
	City State ZIP Code _____		

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

PUBLIC STORAGE
 Name of Storage Facility
6460 N. LINCOLN
 Number Street
LINCOLNWOOD, IL 60712
 City State ZIP Code

BRENDA ROSSINI, Spouse
 Name
P.O. BOX 517
 Number Street
WINNEKA, IL 60093
 City State ZIP Code

Furniture, Clothes, Kitchen ware, utensils, books

- ☐ No
☒ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name
 Number Street
 City State ZIP Code

Number Street
 City State ZIP Code

\$

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site
 Number Street
 City State ZIP Code

Governmental unit
 Number Street
 City State ZIP Code

Debtor 1 Albert Michael Rossini Case number (if known) _____
 First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending
	Number Street	<input type="checkbox"/> On appeal
Case number	City State ZIP Code	<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☒ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

<u>DEVON STREET INVESTMENTS</u> Business Name <u>3924 W. DEVON #200</u> Number Street <u>LINCOLNWOOD, IL 60712</u> City State ZIP Code	Describe the nature of the business <u>REAL ESTATE INVESTMENTS</u> Name of accountant or bookkeeper Describe the nature of the business <u>REAL ESTATE</u> Name of accountant or bookkeeper <u>LINCOLNWOOD, IL 60712</u> City State ZIP Code	Employer identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From <u>12/31/10</u> To <u>12/2015</u> Employer identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From <u>2011</u> To <u>2015</u>
---	---	---

Debtor 1

Albert Michael Rossini

First Name Middle Name Last Name

Case number (if known)

Rockford Commercial
Business Name
Mortgage Co, Inc.
Number Street
3924 W. DEVON ST #200
Lincolnwood IL 60472
City State ZIP Code

Describe the nature of the business

REAL ESTATE INVESTMENTS

Name of accountant or bookkeeper

Employer identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From 2013 To 2015

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Albert Michael Rossini
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 02/18/2016

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☐ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

In Re Albert Michael Rossini
Case Number 16-B 01067

Civil Court Cases:

Aljo II LLC & Nina Jozers v. Comprehensive Properties, Hoya Properties, Madison
Mercantile Corp and Albert Rossini
Case Number 2013 L 004128

Robert Badalian et al v. Thomas W. Murphy and Albert Rossini
Case Number 2013 L 013464

Kiet Dang & Huong Ngo v. Devon Street Investments and Albert Rossini
Case Number 2014 L 005759

Louis Mark DeAngelis v. Devon Street Realty, Ltd. (Albert Rossini) and Gregory
Powell
Case Number 2014 CH 13339

Doris Kling v. Albert Rossini
Case Number 2012 L 007686

184 Property LLC v. Devon Street Realty, Ltd. (Albert Rossini)
Case Number 2014 L 007353

Gerald Wesolowki Jr. v. Comprehensive Properties (Albert Rossini)
Case Number 2012 L 000453

2934 West Grand Ave Currency Exchange v. Madison Mercantile & Albert Rossini
Case Number 2011 L 013703

ALBERT M. ROSSINI
134-40-1611

I am under Federal and State indictment in the following cases:

United States v. Rossini
15 CR 515-1

People v. Rossini
Involves two cases but are consolidated under 2013 CR 17457

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

IN RE: ALBERT MICHAEL ROSSINI

Debtor

Case No. _____

Chapter 7

List of Creditors

Nicor Gas
P.O. Box 2020
Aurora, IL 60507

AT&T
c/o Bankruptcy Division
P.O. Box 769
Arlington, Texas 76004

Pinnacle Management Services
830 Roundabout Suite B
West Dundee, IL 60118

IC Systems
444 Highway 96 East
P.O. Box 64378
St. Paul, MN 55164

Senior Lifestyle
c/o Koontz Shiff & Nesbit
33 North Dearborn
Suite 1910
Chicago, IL 60602

Ally
P.O. Box 380901
Bloomington, MN 55438

Barr Management, Ltd.
c/o Mages & Price LLC
707 Lake Cook Road, Suite 314
Deerfield, IL 60015

List of Creditors, Page 2

Imperial Motors Jaguar
150 Skokie Highway
Lake Bluff, IL 60044

Comcast
1701 John F. Kennedy Boulevard
Philadelphia, PA 19103

Comcast
2508 West Route 120
McHenry, IL 60050

Northwestern Medical Group
26609 Network Place
Chicago, IL 60673

American Modern Select Insurance Co.
% Sani Insurance
P.O. Box 5323
Cincinnati, Ohio 45201

Northwestern Lake Forest Hospital
660 North Westmoreland Road
Lake Forest, IL 60045

Julie Mai Kinkel
% Donald B. Leventhal, Ltd.
20 North Clark Street
Suite 1725
Chicago, IL 60602

Omnicare of Northern Illinois
8351 West Rockville Road
Indianapolis, IN 46234

North Shore Gas
P.O. Box 19083
Green Bay, Wisconsin 54307

Arnold Scott Harris, P.C.
Harris & Harris
111 West Jackson Boulevard
Suite 600
Chicago, IL 60604

List of Creditors, Page 3

Presence Resurrection Medical Center
Presence Health
Patient Financial Services
621 17th Street, Suite 1800
Denver, CO 80293

American Chartered Bank
732 West Randolph Street
Chicago, IL 60607

Doris Kling
% Lawrence Seiwert, Attorney at Law
33 North LaSalle Street, Suite 2200
Chicago, IL 60602-2626

Kiet Dang & Huong Ngo
% J. Anthony Clark, Attorney at Law
25 East Washington, Suite 1332
Chicago, IL 60602-1878

Beneta Badalian
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60601

Kathy Khodi
% Tejal S. Desai, Attorney at Law
Latimer, Levay & Fyock, LLC
55 West Monroe Street, Suite 1100
Chicago, IL 60603-5128

Henry Hormozian
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Benvar Lazar
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

List of Creditors, Page 4

Assyrian Evangelical Church
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Raymond Babaoghli
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Fereidoon Khoshabe
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Melinda Khoshabe
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Melita Khoshabe
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Vladimir Moghaddasi
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Katayoun Kazemi
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60603-5128

Nina Jozers
% Daspin & Aument
Robert Grabeman, Attorney at Law
227 West Monroe Street, Suite 3500
Chicago, IL 60606

Nastors Moshi
2069 North 53rd Avenue
Glendale, Arizona 85308

List of Creditors, Page 5

Albert Khamis
1712 South Lemon
Mesa, Arizona 85206

Liam Ben David
% Cheryl Fyock, Attorney at Law
Latimer, Levay & Fyock, LLC
55 West Monroe Street, Suite 1100
Chicago, IL 60603-5128

Robert Badalian
% Mark Schramm, Attorney at Law
One East Wacker Drive, Suite 2850
Chicago, IL 60601

Awikwam Pithyou
6122 North Springfield Ave
Chicago, IL 60659

Janet Khoshaba
8201 North Keating Ave
Skokie, IL 60076-2536

Ilias Bolos & Gus Bahramis, CPA
% Gus Bahramis CPA
1645 South River Road, Suite 17
Des Plaines, IL 60018

Craig Shaffer
% Craig Shaffer Accountants
2720 South River Road
Des Plaines, IL 60018

Havana Moshi
% Fidel Moshi
6911 West Howard Ave
Niles, IL 60714

Valentina Moshi
% Fidel Moshi
6911 West Howard Ave
Niles, IL 60714

List of Creditors, Page 6

Fidel Moshi & Moshi Moshi
6911 West Howard Ave
Niles, IL 60714

John & Juliet Khoshaba
9630 Lowell Ave
Skokie, IL 60076-1153

Haim Gabi
8350 Kimball
Skokie, IL 60076

St. Odisho Church of the East
6201 North Pulaski
Chicago, IL 60646

Goran Bosnjak
ABg HVAC Inc.
715 West Washington Ave
Lake Bluff, IL 60044

PLS Financial Services, Inc.
One South Wacker
Chicago, IL 60606

Devon Prosel Realty Group
3924 West Devon Street, Suite 202
Lincolnwood, IL 60712

Britt Carter & Company
1350 South Skokie Boulevard-HWY
Lake Forest, IL 60045

North Shore Gas
P.O. Box 2589
Columbus, Ohio 43216

Freedom International Outreach Ministries, Inc.
3145 West Flournoy Street
Chicago, IL 60612

Devon McCormick Currency Exchange
3310 West Devon Ave
Lincolnwood, IL 60712

List of Creditors, Page 7

Alysia Recovery Systems
Stellar Recovery Inc.
1327 Highway, 2 West 100
Kalespell, MT 59901

City of Chicago
400 West Superior Street
Chicago, IL 60601

City of Chicago, Department of Police
Ordinance Violation
3510 South Michigan Ave
Chicago, IL 60653

Harris & Harris
111 West Jackson Boulevard, Suite 400
Chicago, IL 60604

Capital One
P.O. Box 6492
Carol Stream, IL 60197

City of Chicago Department of Law
Attn: Gwendolyn Harris
121 North LaSalle Street, Suite 400
Chicago, IL 60602

Village of Riverdale
Hearing Division
157 West 144th Street
Riverdale, IL 60827

State Farm Fire & Casualty
2702 Ireland Grove Road
Bloomington, IL 61709

City of Chicago Department of Water
P.O. Box 6330
Chicago, IL 60680

Sage Capital Recovery
1040 Kings Highway North
Cherry Hill, NJ 08034

List of Creditors, Page 8

Joseph, Mann & Creed
8948 Canyon Falls Blvd, #200
Twinsburg, Ohio 44087

Diversified Consultants, Inc.
10550 Deerwood Park Blvd, Suite 309
Jacksonville, Florida 32256

Louis Mark DeAngelis
% Ira Piltz
8170 McCormick Boulevard, Suite 116
Skokie, IL 60076

Ira Piltz
Attorney at Law
8170 McCormick Boulevard, Suite 116
Skokie, IL 60076

Aubrey Powell
19500 Oakwood Avenue
Lynwood, IL 60411

Teresa Garvin
150 Rainbow Road
Barrington, IL 60010

Alfonzo Valdovinos
3243 South Harlem Ave
Berwyn, IL 60402

CoStar Realty Information Inc.
% Receivables Control Corp
7373 Kirkwood Court, Suite 200
Minneapolis, MN 55369

First American Bank
% Crowley & Lamb
350 North LaSalle Street, Suite 900
Chicago, IL 60654

Xerox Capital Services, LLC
1301 Ridgeview Drive, Suite 300
Lewisville, Texas 75057

List of Creditors, Page 9

184 Property, LLC
% Chenoweth Law
645 North Kingsbury 2408
Chicago, IL 60654

Public Storage 25518
6460 North Lincoln Ave
Lincolnwood, IL 60712-4038

Withnell Motor Company
P.O. Box 3080
Salem, Oregon 97302

Harris N.A.
% Jay K. Levy & Associates
155 Revere Drive, Suite 2
Northbrook, IL 60062

FireClean
1300 Touhy Ave
Elk Grove, Village 60007

Kim's Pest Control
4113 West Lawrence Ave
Chicago, IL 60630

Sarju Nair
Vogue Cleaners
2701 West Touhy Ave
Chicago, IL 60645

Comenity-Carsons
P.O. Box 659813
San Antonio, TX 78265-9113

Respectfully submitted,

Albert Michael Rossini
Debtor
P.O. Box
Winnetka, IL 60093